

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUN 26 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2911261

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCABE, MICHELE 14145 CITRUS WAY BROOKSVILLE, FL 34601		Name <u>Leis Fortunato</u> Street Address (P.O. Box Number is Not Acceptable) <u>5175 Mill Ave</u> City <u>Spring Hill</u> FL <u>34608</u>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (See below) 500132310015
07/07/08--01006--003 **61.25

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	P MCCABE, MICHELE	14145 CITRUS WAY		DP zero, Mary	2116 New Azora Rd.
	resigned	BROOKSVILLE, FL 34601		resigned	Spring Hill, FL 34608
	V BRACK, LINDA	10486 MAHONING AVE		P Earl Guthnacht	8376 Blackstone St
	resigned	BROOKSVILLE, FL 34614		resigned	Spring Hill FL 34608
	RS JACKSON, KATHI	12213 LABRADOR DUCK RD		VP Chantene Lamberson	5348 Slater Rd
	resigned	BROOKSVILLE, FL 34614		resigned	Spring Hill FL 34608
	CS RANCE, LINDSAY	12392 QUIGLEY AVE		OP Tracey Hedges	8505 Beach Rd
	resigned	BROOKSVILLE, FL 34613		resigned	Spring Hill FL 34606
	DP BERRY, ALINE	8554 BEACH RD		CS Aline Berry	8554 Beach Rd
	resigned	SPRING HILL, FL 34606		resigned	Spring Hill FL 34606
	DP JONES, MARGE	5307 SLATER ROAD		DP AL Ianuzzi	11310 Collingswood
	resigned	SPRING HILL, FL 34608		resigned	Spring Hill FL 34608

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 5/23/08 Daytime Phone # 352-766-2003

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Attachment #2

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2008 JUN 26 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735698

1. Entity Name
SOCIETY FOR THE PREVENTION OF CRUELTY TO
ANIMALS OF HERNANDO COUNTY, INC.

Principal Place of Business Mailing Address
9075 GRANT STREET P.O. BOX 3161
BROOKSVILLE, FL 34613 US BROOKSVILLE, FL 34613 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

06202008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2911261 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCABE, MICHELE
14145 CITRUS WAY
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MCCABE, MICHELE 14145 CITRUS WAY BROOKSVILLE, FL 34601	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRACK, LINDA 10486 MAHONING AVE BROOKSVILLE, FL 34614	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JACKSON, KATHI 12213 LABRADOR DUCK RD BROOKSVILLE, FL 34614	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RANCE, LINDSAY 12392 QUIGLEY AVE BROOKSVILLE, FL 34613	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERRY, ALINE 8554 BEACH RD SPRING HILL, FL 34606	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, MARGE 5307 SLATER ROAD SPRING HILL, FL 34608	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres Lolo Fortunato 5175 Mill Ave Spring Hill FL 34608	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Pat Thornburg 4367 Berkeley Hg+ Ave Spring Hill FL 34606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rosemary Rusconi 5478 Alderwood St Spring Hill FL 34606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lee Ann Foust 2375 Gallagher Ave Spring Hill, FL 34606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lolo Fortunato 6-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date